

FEDERAL INCOME TAX

W-4 WITHHOLDING AUTHORIZATION

You must indicate the amount of Federal Tax to be withheld from your monthly pension benefit. Please complete, sign and date this form then return it to the Cincinnati Retirement System, Room 240, 801 Plum Street, Cincinnati, Ohio 45202.

All Pensioners MUST have a signed W-4 withholding authorization form on file with the Cincinnati Retirement System. If no signed W-4 withholding authorization form is on file, Federal tax withholding will be determined by the tax table using a status of "Married" with 3 allowances per the U.S. Internal Revenue Code.

Please Select ONLY ONE of the following choices:

USE THE FEDERAL TAX TABLE TO CALCULATE MY WITHHOLDING

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I elect to have Federal Income Tax withheld from my monthly pension using the Tax Table and based on the following information:

SELECT YOUR STATUS - () Married **OR** () Single

SELECT THE TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING _____

DO YOU WANT TO HAVE AN ADDITIONAL AMOUNT WITHHELD ?(In addition to Tax Table amount withheld) Please circle **YES** or **NO**

If **YES**, indicate additional monthly amount to be withheld _____.

OR

☐

SPECIFY AN EXACT DOLLAR AMOUNT TO BE WITHHELD

I elect to have \$_____ (whole dollar amount only) withheld for Federal Income Tax from my monthly pension.

OR

☐

SPECIFY NO WITHHOLDING

I elect to have nothing withheld from my monthly pension for Federal Income Tax. I realize that I am liable for payment of Federal Income Tax on the taxable portion of my pension benefits and that I may be subject to tax penalties if my payments of estimated tax and withholding are not sufficient.

Print Your Name _____ **Social Security #** _____

Signature _____ **Date** _____

This authorization will remain in effect until you submit a new Federal Withholding Authorization form to the Cincinnati Retirement System.

OHIO STATE INCOME TAX WITHHOLDING AUTHORIZATION

Ohio residents who receive a monthly pension benefit from the Cincinnati Retirement System must complete this form. Please indicate the amount of Ohio State Income Tax to be withheld from your monthly pension benefit. Please complete and sign and date this form then return it to the Cincinnati Retirement System, Room 240, 801 Plum Street, Cincinnati, Ohio 45202.

Please Select ONLY ONE of the following choices:

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USE THE OHIO STATE TAX TABLE TO CALCULATE MY WITHHOLDING

I elect to have Ohio State Income Tax withheld from my monthly pension using the Tax Table and based on the following information:

SELECT YOUR STATUS () Married **OR** () Single

SELECT THE TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING _____

DO YOU WANT TO HAVE AN ADDITIONAL AMOUNT WITHHELD ?(In addition to Tax Table amount withheld) Please circle **YES** or **NO**

If **YES**, indicate additional monthly amount to be withheld _____.

OR

☐

SPECIFY AN EXACT DOLLAR AMOUNT TO BE WITHHELD

I elect to have \$_____ (whole dollar amount only) withheld for Ohio State Income Tax from my monthly pension.

OR

☐

SPECIFY NO WITHHOLDING

I elect to have nothing withheld from my monthly pension for Ohio State Income Tax. I realize that I am liable for payment of Ohio State Income Tax on the taxable portion of my pension benefits and that I may be subject to tax penalties if my payments of estimated tax and withholding are not sufficient.

Print Your Name _____ **Social Security #** _____

Signature _____ **Date** _____

This authorization will remain in effect until you submit a new State of Ohio Withholding Authorization form to the Cincinnati Retirement System.